



Last Updated: 03/09/2022

Health and Acute Care Program (HAP) — Effective December 1, 2014

Currently, more than 76,000 elderly or individuals with disabilities have their health care needs successfully managed by one of six Medicaid contracted Medallion 3.0 managed care organizations (MCOs) serving 134 localities across Virginia. This includes approximately 4,600 individuals who are concurrently enrolled in one of five Medicaid home and community-based services (HCBS) waivers: {the Elderly or Disabled with Consumer Direction (EDCD) Waiver, the Intellectual Disability (ID) Waiver, the Individual and Family Developmental Disabilities Support (IFDDS) Waiver, the Day Support (DS) Waiver, and the Alzheimer's Assisted Living (AAL) Waiver.}

Effective December 1, 2014, the Department will launch the **Health and Acute Care Program (HAP)**. This initiative will allow eligible HCBS waiver enrollees to receive their acute and primary medical care through one of the six Medallion 3.0 managed care health plans. The individual's home-and-community based care waiver services, including transportation to the waived services, will continue to be paid through the Medicaid fee-for-service system as a "carved out" service. Providers participating in Medicaid and/or the Medicaid managed care health plans are **strongly encouraged** to verify eligibility via MediCall, ARS, or via the MCO before services are rendered.

As part of the HAP initiative, approximately 2,700 individuals enrolled in the Elderly or Disabled with Consumer Direction (EDCD) Waiver who currently receive acute medical services in the fee-for-service program and who are eligible for managed care (i.e., do not have any managed care exclusions) will be transitioned into managed care in December. As with the current managed care enrolled HCBS individuals, the EDCD waiver individuals will receive acute and primary medical services through the managed care health plans and waiver services through fee-for-service. These individuals will receive letters in October and November about the upcoming changes (see attached).

Please refer to the attached FACT SHEET for detailed information on the program.



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Waiver Providers

All current home and community-based waiver services, enrollment, and service authorization requirements and limitations will remain in effect.

Additional Information

DMAS is working to make the transition to the program as seamless as possible for members and providers. In order to facilitate this transition, DMAS has hired a designated staff person to address any questions or issues that arise regarding authorization, coverage, and provision of services.

Information is posted on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/SPI.aspx. The Department also has recorded a WebEx that provides additional information on the program. Please visit the DMAS website at <https://dmas.webex.com/mw04011/mywebex/default.do?siteurl=dmas> to access the training information. Once at the site, click on "Recorded Sessions" on the left of the screen and select "HAP Information for LTC Providers" from the list of Topics. Questions about the program may be sent via email to HAP@dmas.virginia.gov.

MediCall and ARS and Web-based Eligibility

Providers may call MediCall at **800-884-9730 or 800-772-9996** to verify eligibility. The MediCall line will provide member eligibility, special indicator codes, Managed Care Program assignment (including coverage dates), and MCO name.

MediCall is operational 24 hours a day, 365 days a year. Although MediCall is designed to be accessed by touch-tone phone, dial phone may be used. A live operator is available 8:30 a.m. to 4:30 p.m. Information required to use MediCall includes your National Provider Identifier (NPI) number or your Atypical Provider Identification (API) number, the Recipient Medicaid ID number OR the Social Security Number and date of birth, and the From and Through date(s) of service--a single date or dates spanning not more than 31 days. Providers also may check reimbursement, check status inquiry, and claims status inquiry from the most recent three remittances.



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DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, MCO enrollment, claims status, checks status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov.



MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772- 9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.



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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.